

Application for Voluntary Superannuation Retirement

Form Last Revised: October, 2001

Retirement Board: Please place your address and phone number here. ▶

LEOMINSTER CONTRIBUTORY RETIREMENT BOARD
ROOM 15 CITY HALL 25 WEST STREET
LEOMINSTER, MA 01453
978-534-7507 OR 978-534-7548

Member's Last Name

First

M.I.

Social Security #

Eligibility Requirements for Superannuation Retirement

If you are a member of Group 1 or 2, you are eligible to retire at any age with at least twenty years of creditable service. If you last became a member of a retirement system prior to January 1, 1978 you may, as a member in service, retire at 55 with any number of years of service. If you last became a member of a retirement system on or after January 1, 1978 and you have less than 20 years of creditable service, you must have at least ten years of creditable service and be at least age 55 to retire. If you are a member of Group 4, you are eligible to retire at any age with 20 years of creditable service or at age 55. The amount of your allowance depends on your age, creditable service, group classification and salary.

- If you are an active employee or on leave of absence, you can apply for retirement with the board no earlier than four months before your intended date of retirement.

Applicant Information

To the Retirement Board:

I respectfully request retirement for superannuation in retirement Group as of with years and months of creditable service under the provisions of G.L. c. 32, §§ 1-28.

In connection with my application, I certify the following:

I AM RETIRING FROM

Agency or Department*

Title/Position

MY PRESENT ADDRESS

Street and Number

City/Town

State

Zip

Phone #

Date of Birth

Social Security #

MY ADDRESS AFTER RETIREMENT (Enter only if different from present address)

Street and Number

City/Town

State

Zip

Phone #



| | | | |
|--------------------|-------|--------------------------|-------------------|
| | | <input type="checkbox"/> | - - |
| Member's Last Name | First | M.I. | Social Security # |

Employment History

Please supply all periods of service and specify any temporary or irregular service.

I was also employed by other governmental units/political subdivisions in the Commonwealth of Massachusetts as follows:

| UNIT | DEPARTMENT | POSITION | DATES EMPLOYED |
|------|------------|----------|----------------|
| | | | From To |
| | | | From To |
| | | | From To |

- Are you presently receiving a retirement allowance from any retirement system of any governmental units/political subdivisions within the Commonwealth of Massachusetts? ☐ Yes ☐ No

If **yes**, please specify systems, date of retirement and retirement type.

- Are you a veteran? ☐ Yes ☐ No

If **yes**, please specify military branch and dates of active service.

- If you are applying for retirement by reason of resignation, failure of re-election or reappointment, removal or discharge under the provisions of G.L. c. 32, § 10; please briefly summarize the facts:

- I sign this application under the pains and penalties of perjury. I affirm that the information presented in this application is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to the loss of my benefits as well as civil and criminal penalties.

Applicant's Signature _____ Date _____

Applicant's Name (Print)

The following must be filed by you or your beneficiary with your retirement board:

- A properly completed *Application for Voluntary Superannuation Retirement* (this form).
- A properly completed *Choice of Retirement Option Form at Retirement*.
- A copy of your birth certificate, military discharge papers, marriage certificate, and/or other records applicable to your retirement.

*** For those retiring from regional or county retirement systems, please identify the community.**